



# GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 Coliseum Drive  
MACON, GEORGIA 31217  
(478) 207-2440

[www.sos.ga.gov/plb/pt](http://www.sos.ga.gov/plb/pt)

## INSTRUCTION SHEET FOR APPLICATION FOR LICENSURE

Please read these instructions prior to completing the application. The board rules listed below are for reference and are not meant to be an all inclusive listing. Please review the laws, rules and policies in its entirety prior to completing this application.

✓	<b>ALL APPLICANTS MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION. SUBMISSION OF ALL DOCUMENTS IN ONE PACKET HELPS TO EXPEDITE THE PROCESSING OF YOUR APPLICATION.</b>	
	<b>APPLICATION</b>	Type or print in ink. You must respond to all questions and requests on the application or it will be returned to you. This includes the fee and a recent passport-type photograph of only the applicant taken within the last 60 days. Be sure to check the type of application, EXAMINATION or ENDORSEMENT and category, PT or PTA. <i>It is the responsibility of the applicant to send all required documents, application and fee to the Board in one packet.</i> See Board Rules in Chapter 490-2
	<b>PROOF OF GRADUATION</b>	Official documentation of satisfactory completion of PT/PTA curriculum; such document must provide date of graduation and degree conferred. See Board Rule 490-2-.02
	<b>GEORGIA JURISPRUDENCE EXAMINATION</b>	<i>All applicants</i> must successfully pass the Georgia Jurisprudence examination. To view the candidate information bulletin, visit the website at <a href="http://www.sos.ga.gov/plb/pt">www.sos.ga.gov/plb/pt</a> . <i>The applicant must register on-line for the examination at <a href="https://www.fsbpt.net/pt">https://www.fsbpt.net/pt</a> before the Georgia Board can make you eligible to test.</i>
✓	<b>EXAMINATION APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:</b>	
	<b>NPTE REGISTRATION</b>	Register on-line for the NPTE and read the candidate bulletin at <a href="https://www.fsbpt.net/pt">https://www.fsbpt.net/pt</a> . <i>The applicant must register on-line for the examination at <a href="https://www.fsbpt.net/pt">https://www.fsbpt.net/pt</a> before the Georgia Board can make you eligible to test.</i>
	<b>VERIFICATION OF LICENSE</b>	If you have been licensed for less than 2 years in another state(s), you must contact the State Board(s) in which you have <b>ever</b> been issued a license, and have them send verification directly to our office.
✓	<b>ONLY ENDORSEMENT APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:</b>	
	<b>VERIFICATION OF LICENSE</b>	You must hold a current license in good standing from another state where you have <b>practiced for the past two or more years</b> in order to <b>endorse</b> into Georgia. You must contact all State Boards in which you have <b>ever</b> been issued a license, and have them send verification directly to our office.
	<b>NPTE EXAM SCORE</b>	Request an official copy of your NPTE scores to be sent to the Board. Contact the FSBPT via phone at (703) 739-9420 or visit the website <a href="https://www.fsbpt.net/pt">https://www.fsbpt.net/pt</a> .
✓	<b>ALL FOREIGN EDUCATED APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS: SEE BOARD RULE 490-2-.03</b>	
	<b>NPTE/NPTEi REGISTRATION</b>	Register on-line for the NPTE and read the candidate bulletin at <a href="https://www.fsbpt.net/pt">https://www.fsbpt.net/pt</a> . PT candidates who received their first professional degree from a school in Egypt, India, Pakistan or the Philippines MUST register for the NPTEi <i>The applicant must register on-line for the examination at <a href="https://www.fsbpt.net/pt">https://www.fsbpt.net/pt</a> before the Georgia Board can make you eligible to test.</i>
	<b>VERIFICATION OF ELIGIBILITY</b>	A "Verification of Eligibility for licensure/certification/registration" from the country where education was obtained must be completed by the appropriate authority.
	<b>CREDENTIALS EVALUATION</b>	A "Credentials Evaluation" conducted by a Board- approved agency (ICA, IERF or FCCPT). The agency must enclose a copy of the transcript evaluated.
	<b>LANGUAGE PROFICIENCY EXAM</b>	Applicants who have not graduated from a CAPTE accredited program or an English speaking physical therapy program must take and receive a passing score on three (3) Language Proficiency Examinations to include TSE, TOEFL and TWE before sitting for the NPTE. To report your TSE (Test of Spoken English) scores, you must enter 9912 as the code number when sitting for the examination and on the score Report Request Forms. You may be exempt from these exams if your school provides a statement certifying that the medium of instruction was taught in English.
	<b>TRAINEESHIP PERMIT</b>	All foreign-educated applicants must successfully pass a Board-approved, three (3) month traineeship before licensure consideration.

## **GENERAL INFORMATION FOR ALL APPLICANTS**

### **APPLICATION STATUS**

Application status can be checked on-line at [www.sos.ga.gov/plb/pt](http://www.sos.ga.gov/plb/pt).

### **APPLICATION REVIEW**

Reinstatement applications, applications submitted by foreign-educated applicants, and any applications indicating arrests, convictions, or other board sanctions must be reviewed and approved by the Board at the regularly scheduled meeting. Board meeting dates are available at [www.sos.ga.gov/plb/pt](http://www.sos.ga.gov/plb/pt). Information to be presented to the board must be in the board's office not less than two (2) weeks prior to the board meeting.

### **APPLICATION DECISIONS**

Most applications can be administratively processed and do not require Board review. However, if Board review is required, correspondence from Board meetings will be processed in approximately 3-5 business days following the conclusion of the meeting. Correspondence is sent via email.

### **INCOMPLETE APPLICATIONS** - See Board Rule 490-2-.01

Incomplete applications are maintained for 12 months from receipt – after 12 months they expire. If an application expires, a new application, fee and all required documents must be resubmitted.

### **APPLICATION DEFICIENCY NOTIFICATIONS**

Applicants will receive application deficiency notification via email listing documents needed to complete the application.

### **ADDRESS CHANGES/EMAIL CHANGES**

Please immediately notify the board in writing of an email or address change. On such notification please state that you are an applicant.

### **TRAINING PERMITS** – See Board Rule 490-2-.04

All foreign-educated applicants must successfully complete a Board-approved, three (3) month traineeship before license consideration. The supervisor must complete the Letter of Agreement for Traineeship. Some examination, endorsement and reinstatement applicants may be required to complete a traineeship prior to licensure.

### **RE-EXAM & REMEDIATION PLANS**

Applicants who are unsuccessful in examination attempts must complete a re-examination application. There is no additional re-fee if submitted within one year of the date of the original application. Register on-line to re-take the NPTE at <https://www.fsbpt.net/pt>. You will only be allowed to sit for the exam two (2) times before a further plan of study must be submitted for the Board's **pre-approval**. See Board Rule 490-3-.02 and FAQ #19

### **POWER OF ATTORNEY**

If you are a person sponsoring an applicant for licensure and want information sent to you rather than the applicant, the Power of Attorney form must be completed by the applicant and included.

### **CREDENTIALING AGENCIES**

The Georgia State Board of Physical Therapy has approved the following agencies to evaluate foreign educated applicant credentials. The agency must submit a copy of the transcript evaluated.

Foreign Credentialing Commission  
Physical Therapy  
P.O. BOX 25827  
Alexandria, VA 22313-9998  
Phone: (703) 684-8715  
FAX: (703) 684-8715  
Website: [www.fccpt.org](http://www.fccpt.org)

International Education  
Research Foundation, Inc  
P. O. Box 3665  
Culver City, CA 90231  
Phone: (310) 258-9451  
Fax: (310) 342-7086  
Website: [www.ierf.org](http://www.ierf.org)

International Credentialing  
Associates, Inc.  
Bryan Dairy Business Park  
Largo, FL 33777  
Phone: (727) 549-8555  
Fax: (727) 549-8554  
Website: [www.icaworld.com](http://www.icaworld.com)



## GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 Coliseum Drive  
MACON, GEORGIA 31217  
(478) 207-2440

[www.sos.ga.gov/plb/pt](http://www.sos.ga.gov/plb/pt)

DO NOT WRITE IN THIS  
SECTION

Receipt# \_\_\_\_\_  
Amount: \_\_\_\_\_  
Applicant# \_\_\_\_\_  
Date: \_\_\_\_\_

### APPLICATION FOR LICENSURE PHYSICAL THERAPY OR PHYSICAL THERAPY ASSISTANT

#### Instructions:

1. Please read the general instructions thoroughly before completing this application
2. If you have ever held a license in this state and are trying to reinstate your license, submit a reinstatement application.
3. Fully complete this application. Type or print clearly.
4. Enclose all required documents and a nonrefundable application fee of \$75.00. Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.
5. Sign and have the application notarized; a photograph of the applicant must be attached at time of notary.
6. Indicate type of application:

- ☐ Physical Therapy Examination  
☐ Physical Therapy Endorsement  
☐ Physical Therapy Foreign Examination  
☐ Physical Therapy Foreign Endorsement

- ☐ Physical Therapy Assistant Examination  
☐ Physical Therapy Assistant Endorsement  
☐ Physical Therapy Assistant Foreign Examination  
☐ Physical Therapy Assistant Foreign Endorsement

Are you a foreign-educated candidate? Yes ☐ No ☐

### SECTION I: PERSONAL INFORMATION

#### <sup>1</sup>NAME

LAST FIRST MIDDLE MAIDEN

<sup>2</sup>SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Required for identification, law enforcement, statistical and administrative purposes. Also, social security information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 and O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551, and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.)

#### <sup>3</sup>ADDRESS

MAILING ADDRESS APT #  
CITY STATE ZIP

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

#### <sup>4</sup>ADDRESS

PHYSICAL ADDRESS (Post Office Box is not acceptable) APT #  
CITY STATE ZIP

<sup>5</sup>DAYTIME PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### SECTION II: PROFESSIONAL INFORMATION

6. Have you ever been licensed as a Physical Therapist/Physical Therapist Assistant in the State of Georgia or any other state?  
☐ Yes ☐ No If no, continue to question 7. If yes, complete the following information for every PT/PTA license ever held.

State where initially licensed: \_\_\_\_\_ License # \_\_\_\_\_ Type: ☐ PT ☐ PTA  
Current? ☐ Yes ☐ No Active practice for the past 2 or more years?  
☐ Yes ☐ No

Other state: \_\_\_\_\_ License # \_\_\_\_\_ Type: ☐ PT ☐ PTA  
Current? ☐ Yes ☐ No Active practice for the past 2 or more years?  
☐ Yes ☐ No

Other state: \_\_\_\_\_ License # \_\_\_\_\_ Type: ☐ PT ☐ PTA  
Current? ☐ Yes ☐ No Active practice for the past 2 or more years? ☐ Yes  
☐ No

Other state: \_\_\_\_\_ License # \_\_\_\_\_ Type: ☐ PT ☐ PTA  
Current? ☐ Yes ☐ No Active practice for the past 2 or more years?  
☐ Yes ☐ No

7. How many times have you previously taken the national licensure examination? \_\_\_\_\_ List location(s) and date(s):  
\_\_\_\_\_

8. Do you desire a training permit? ☐ Yes ☐ No If yes, please refer to Board Rule 490-2-.04, available at  
[www.sos.ga.gov/plb/pt](http://www.sos.ga.gov/plb/pt) .

9. Professional Education

Name of College/University \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

Dates attended: \_\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ - \_\_\_\_\_

Date of graduation: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Major: \_\_\_\_\_

10. As a licensee, it is **YOUR RESPONSIBILITY** to know all the laws, board rules and policies governing the physical therapy profession. Have you familiarized yourself with the laws, board rules and policies that apply to the practice of physical therapy in Georgia? ☐ Yes ☐ No

### SECTION III. BACKGROUND INFORMATION

If you answered "yes" to any of the following questions, provide details and a letter of explanation on a separate sheet. For questions 10(b), 10(c) and 10(f) submit a certified copy of the official document (court indictment, police record, certified warrant/court dismissal, verdict or first offender treatment), which indicates the final disposition of any reported case. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the information may be grounds for denial of your application or other disciplinary action.

11. Have you ever

- a. ☐ Yes ☐ No Applied for licensure in Georgia? If yes, list the type of license \_\_\_\_\_
- b. ☐ Yes ☐ No Been arrested, convicted, or entered a plea of guilty, nolo contendere, or been sentenced under the "First Offender Act" for any felony, misdemeanor, or any offenses other than a minor traffic violation?  
(DUI/DWI's are not minor traffic violations.)
- c. ☐ Yes ☐ No Had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state?
- d. ☐ Yes ☐ No Been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?

e. ☐ Yes ☐ No Failed an examination taken for the purpose of obtaining a license as a physical therapist or physical therapist assistant in this or any state, territory or country, or otherwise been informed that you failed to meet the qualifications for licensure as a Physical Therapist or Physical Therapist Assistant upon applying for licensure in this or another state, territory or country?

f. ☐ Yes ☐ No Been sued in a civil action alleging negligence or malpractice on your part or jointly with others in connection with your practice as a Physical Therapist or Physical Therapist Assistant or any other health related profession?

12. In the past five (5) years have you

a. ☐ Yes ☐ No Been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, addictive narcotic disorder, addictive drug disorder, addictive intoxicating liquors disorder, substance abuse, or any other condition which significantly impaired your behavior, judgment, understanding capacity to recognize reality, or ability to function in school, work, or other important activities?

b. ☐ Yes ☐ No Suffered any memory loss or impaired judgment for any reason?

c. ☐ Yes ☐ No Been terminated from an educational institution?

d. ☐ Yes ☐ No Been reprimanded, demoted, disciplined, terminated, or cautioned by an employer?

e. ☐ Yes ☐ No Been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, other psychotic disorders, addictive narcotic, drug, or intoxicating liquors disorder, or substance abuse?

13. Do you

a. ☐ Yes ☐ No Currently suffer from any disorder that impairs your judgment or that would otherwise adversely affect your ability to practice as a physical therapist or physical therapist assistant?

b. ☐ Yes ☐ No Have any condition which causes substantial impairment of, or limitation on your ability to practice as a Physical Therapist or Physical Therapist Assistant with reasonable skill and safety to the public or presents a threat to the health or safety of another individual?

c. ☐ Yes ☐ No Currently use narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice as a Physical Therapist or Physical Therapist Assistant, according to prevailing performance standards and essential job functions is impaired?

14. \_\_\_\_ I am a U.S. Citizen

\_\_\_\_ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act and I am lawfully present in the United States\*\*

**\*\* Submit attached checklist form with documentation**

## AFFIDAVIT

STATE OF \_\_\_\_\_

TERRITORY OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

COUNTRY OF \_\_\_\_\_

I hereby authorize the Georgia State Board of Physical Therapy to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other state. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connections with any application may be cause for denial or loss of licensure. I further certify that I am the person in the attached photograph

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\*(Notary: Photograph must be attached at time you  
Notarize application)

**AFFIX ORIGINAL  
PASSPORT-SIZED  
PHOTO OF  
APPLICANT ONLY  
(Taken within the last  
60 days)**

**Applicant must sign the  
back of the photo**



OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA STATE BOARD OF PHYSICAL THERAPY  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

**CONSENT FORM**

I hereby authorize **THE GEORGIA STATE BOARD OF PHYSICAL THERAPY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
(Applicant's Full Name – Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Place of Birth (City/State): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

**Please check any applicable licensure provisions below that apply to the individuals you will be practicing your profession on:**

- ☐ Working with mentally disabled  
☐ Working with the elderly or in elder care services  
☐ Working with children

**PLEASE COMPLETE THE FOLLOWING:**

I, \_\_\_\_\_  
(print name)  
give consent to the Georgia Board of Physical Therapy to  
perform periodic criminal background checks for the duration of my  
active licensure status with this state.

## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

### Alien Lawfully Admitted for Permanent Residence:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”)
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

### Asylee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated “27a.12(a) (5)”
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated “A5”
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

### Refugee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated “A3”
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

### Alien Paroled Into the U.S. for at Least One Year:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

### Alien Whose Deportation or Removal Was Withheld:

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated “A10”
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

### Alien Granted Conditional Entry:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (1) (3)”
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated “A3”

### Cuban/Haitian Entrant:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under §212(d) (5) of the INA

### Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

\_\_\_\_\_  
Name of Applicant